



INTENSE PSYCHIATRIC TRANSITIONAL PROGRAM DISCHARGE NOTICE COMMUNICATION

Purpose: After a Residential Child Care Provider has submitted Form K-902-1105, Intense Psychiatric Transitional Program Discharge Notice, this form communicates notice of the discharge to the region and provides the caseworker steps for documentation in IMPACT.

Issuance of this form indicates that *Youth for Tomorrow* has reviewed this child's record, and it has been determined the youth has completed the Intense Psychiatric Transitional Program at the facility. This youth is now ready to "step down" to the Residential Treatment Program in the same facility.

Directions: The caseworker completes the necessary steps for documenting the placement in IMPACT. If needed, the caseworker contacts the Intense Psychiatric Transitional Program (IPTP) state office program specialist for assistance.

CHILD'S INFORMATION

First Name:	Last Name:	Date of Birth:

DISCHARGE INFORMATION

Provider Name:	Current Placement Ended On:
Enter the Removal Reason:	
Enter the Removal Reason Subtype:	
New Placement Begins On:	Resource ID: